

**County of Marin, Department of Public Works, Office of Waste Management, Certified Unified Program Agency**  
**P.O. Box 4186, Room 404 Civic Center**  
**San Rafael, CA 94913-4186**

**Phone (415) 499-6647**

**FAX (415) 499-3724**

**WRITTEN LEAK DETECTION MONITORING PROCEDURES**  
**UNDERGROUND STORAGE TANK MONITORING PROGRAM**

A copy of the written monitoring program must be kept at the UST location at all times. The information contained in this monitoring program is a condition of the operating permit. The permit holder must notify the County of Marin, Office of Waste Management, within 30 calendar days of any changes to the monitoring procedures, unless required to obtain approval before making the change. (Required by Sections 2632(d) and 2641(h) of 23 CCR)

**Facility Name:** \_\_\_\_\_

**Facility Address:** \_\_\_\_\_

Tank Number: \_\_\_\_\_ ID Number: \_\_\_\_\_

1. Describe the frequency of performing the monitoring.

Tank \_\_\_\_\_

Piping \_\_\_\_\_

2. What methods and equipment, identified by name and model, will be used for performing the monitoring?

Tank \_\_\_\_\_

Piping \_\_\_\_\_

3. Describe the location(s) where the monitoring will be performed ( a facility plot plan should be attached)

\_\_\_\_\_

4. List the name(s) and title(s) of the person(s) responsible for performing the monitoring and/or maintaining equipment.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

5. Reporting format for the tank: \_\_\_\_\_

for the piping: \_\_\_\_\_

6. Describe the preventive maintenance schedule for the monitoring equipment. ( Note: Maintenance must be in accordance with the manufacturer's maintenance schedule but not less than every 12 months.)

\_\_\_\_\_

7. Describe the training necessary for the operation of the UST system, including, piping, tank and monitoring equipment:

\_\_\_\_\_

\_\_\_\_\_

Owner/Operator Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_